Request for Patient Care Report

Persons Authorized to Consent to Health Care



INSTRUCTIONS:

- 1. This form is for use ONLY by persons authorized to consent to health care for an adult or a minor. If this does not apply to you, please return to www.frederickcountymd.gov to find the appropriate information and instructions.
- 2. **<u>ALL</u>** indicated information, documentation, and the required payment must be submitted with this form in order to obtain the record.

Person Authorized to Consent to He	alth Care (person making request):	
My name is:		
My mailing address is:		
Phone:	Email:	
Patient Information:		
Patient's Name:		
Incident Information:		
Incident Date:	Incident Time:	
Incident Location (street address, interse	ection, etc.)	
Reason for your request:		
AND RECORDS, SUBTITLE 3. CONFIDENTIAL to health care for an adult can receive a copy of REMEMBER TO ENCLOSE THE F	inting me the authorization to consent to health care for the patie	ed to consent
documents presented are valid and true.	consent to health care for the named patient and that the informa	tion and
Signature	Date	
Please send this signed and dated for the document granting you the author	rm, copies of your driver's license or equivalent photo I.D prity to consent to health care, to:). and

Frederick County Fire and Rescue Services Records Office 5370 Public Safety Place Frederick, MD 21704

Fax: 301-600-1323

To allow for processing time, walk-in requests must provide 24 hour notice before visiting office.